



**TOWN OF DARIEN
PLANNING & ZONING DEPARTMENT**

***APPLICATION/REQUEST FOR PERMIT OR DETERMINATION
UNDER SECTION 8-26a OF THE CONNECTICUT GENERAL STATUTES.***

Owner Information

Property Owner

Name: _____

Address: _____

Signature: _____

Representative or Contact Person

(to whom all correspondence shall be addressed)

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Property Location

Street Address: _____

Tax Assessor's Map Number(s): _____ Lot Number(s): _____

Information on Applicable Subdivision and Zoning Regulations

Subdivision Application Number originally creating Subject Property: _____
(attach copy of Planning and Zoning Commission's approval)

Date of Planning & Zoning Commission Subdivision Approval: _____

Town Clerk Filed Map Number of the original subdivision: _____

Zoning Designation of Property at time of
original Subdivision Application approval: _____

Current Zoning Designation of Subject Property: _____

*DARIEN PLANNING AND ZONING COMMISSION
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Application/Request Summary

Summary of application/request and any exemptions you are relying upon. Attach any maps, deeds or other documentation to support your application/request. Also note any specific sections and attach any specific *portions* of applicable Zoning Regulations and Subdivision Regulations in effect when the property was originally subdivided that are at issue in this matter.

(A more detailed explanation can be attached to this application).